

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: July 2001- June 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**



**PHA Plan  
Agency Identification**

**PHA Name:** Swift County HRA

**PHA Number:** MN166

**PHA Fiscal Year Beginning: (mm/yyyy) July 1, 2001**

**PHA Plan Contact Information:**

Name: Vicki Syverson

Phone: 320-843-4676

TDD:

Email (if available): v.syverson@co.swift.mn.us

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered:**

☐ Public Housing and Section 8      ☒ Section 8 Only      ☐ Public Housing Only



**Annual PHA Plan**  
**Fiscal Year 20**  
 [24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

**Contents****Page #**

**Annual Plan**

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
  - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
  - 2. Capital Improvement Needs
  - 3. Demolition and Disposition
  - 4. Homeownership: Voucher Homeownership Program
  - 5. Crime and Safety: PHDEP Plan
  - 6. Other Information:
    - A. Resident Advisory Board Consultation Process
    - B. Statement of Consistency with Consolidated Plan
    - C. Criteria for Substantial Deviations and Significant Amendments

**Attachments**

- ☐ Attachment A : Supporting Documents Available for Review
- ☐ Attachment \_\_: Capital Fund Program Annual Statement
- ☐ Attachment \_\_: Capital Fund Program 5 Year Action Plan
- ☐ Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- ☐ Attachment \_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Attachment \_\_: Resident Membership on PHA Board or Governing Body
- ☐ Attachment \_\_: Membership of Resident Advisory Board or Boards
- ☐ Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The HRA Board of Commissioners updated their Section 8 Admin Policies.

1. Applications will be ordered by the date and time they are received.
2. Households reporting zero income must verify every 90 days.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: Actual or projected start date of activity: Actual or projected start date of relocation activities: c. Projected end date of activity:

## **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24

CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

### **6. Other Information**

[24 CFR Part 903.7 9 (r)]

#### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)



- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
  - ☐ Yes ☐ No: below or
  - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)  
**Minnesota**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
  - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
  - ☐ Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:**

A Substantial Deviation is a decision made by the Board of Commissioners to change the Swift County HRA's mission statement , goals, or objectives identified in the 5 year plan. It is also when goals or objectives are changed that affect the residents or have a significant impact to the HRA's financial situation.

**B. Significant Amendment or Modification to the Annual Plan:**

A significant Amendment or Modification is a change in the Swift County HRA plans or policies that require formal approval by the HRA Commissioners.

**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>YES</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	al Government Certification of Consistency with the Consolidated Plan (this update)	5 Year and Annual Plans
<b>YES</b>	Documentation Supporting Fair Housing Certifications: Records reflecting whether the PHA has examined its programs or proposed programs, identified any impediments to fair housing in those programs, addressed or is addressing those impediments in a timely fashion in view of the resources available, and worked or is working with the community to implement any of the jurisdictions’ initiatives to affirmatively further fair housing, or require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>YES</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
	Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Continued occupancy of Police Officers in Public Housing included in the public housing	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>YES</b>	Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions

Applicable & On Display	Supporting Document	Related Plan Component
		Policies
	g rent determination policies, including the method for setting public ded in the public housing	Annual Plan: Rent Determination
	lat rents offered at each public housing development ded in the public housing	Annual Plan: Rent Determination
YES	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	gement and maintenance policy documents, including policies for the on of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	ing Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	sults of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
YES	t Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	arning any Section 8 special housing types ded in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	ievrance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing _§504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs

Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	ed applications for designation of public housing (Designated Housing	Annual Plan: Designation of Public Housing
	ed assessments of reasonable revitalization of public housing and app onversion plans prepared pursuant to section 202 of the 1996 HUD ons Act, Section 22 of the US Housing Act of 1937, or Section 33 of t t of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program f the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	tion required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	ciency (ED/SS, TOP or ROSS or other resident services grant) grant	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: y enforcement services for public housing developments assisted unde n; agreement/s between the PHAs participating in the consortium and a reement between the consortium and HUD (applicable only to PHAs p um as specified under 24 CFR 761.15); agreements (indicating specific leveraged support) with agencies/orga nding, services or other in-kind resources for PHDEP-funded activitie n with other law enforcement efforts; ement(s) with local law enforcement agencies (receiving any PHDEP statistics and other relevant data (including Part I and specified Part II c ed for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
	of Pets in Public Housing Family Developments (as required by regul 50, Subpart G) ded in the public housing A & O Policy	Pet Policy

Applicable & On Display	Supporting Document	Related Plan Component
YES	st recent fiscal year audit of the PHA conducted under section 5(h)(2) of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part

	Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	Federal FY
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Annual Statement  
nce and Evaluation Report for Period Ending: ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )  
☐ Final Performance and Evaluation Report

Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Original	Revised	Obligated	Exp
al non-CFP Funds				
6 Operations				
8 Management Improvements				
0 Administration				
1 Audit				
5 liquidated Damages				
0 Fees and Costs				
0 Site Acquisition				
0 Site Improvement				
0 Dwelling Structures				
5.1 Dwelling Equipment—Nonexpendable				
0 Nondwelling Structures				
5 Nondwelling Equipment				

5 Demolition				
0 Replacement Reserve				
2 Moving to Work Demonstration				
5.1 Relocation Costs				
8 Mod Used for Development				
2 Contingency				
ount of Annual Grant: (sum of lines 2-19)				
ount of line 20 Related to LBP Activities				
ount of line 20 Related to Section 504 Compliance				
ount of line 20 Related to Security				
ount of line 20 Related to Energy Conservation asures				



**Cost/Performance and Evaluation Report**  
**Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Continuing Pages**

General Description of Major Work Categories	Grant Type and Number		Federal FY of Grant:				
	Capital Fund Program #:	Capital Fund Program Replacement Housing Factor #:					
	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Proposed Work		
			Original	Revised	Funds Obligated	Funds Expended	

			Original	Revised	Funds Obligated	Funds Expended	Work

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**Table Library**

Original	Revised	Actual	Original	Revised	Actual	



# PHA Public Housing Drug Elimination Program Plan

This PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH No.

## General Information/History

Amount of PHDEP Grant \$ \_\_\_\_\_  
Funding type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_  
Type of funding requested \_\_\_\_\_

## Brief Summary of Annual PHDEP Plan

Below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

## Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with the PHA's IC.

Target Areas (development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

## Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months). Identify the # of months.

12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_



PHDEP Budget Summary	
	Total Funding
Law Enforcement	
Match	
Investigators	
Patrol	
ments	
sts	
ING	

Plan Goals and Activities

Below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (if applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned activities may be deleted.

ent of Law Enforcement	Total PHDEP Funding: \$



Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance
1.							
2.							
3.							

Special Initiative	Total PHDEP Funding: \$
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ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators

in Buyback TA Match	Total PHDEP Funding: \$
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ivities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators

	Persons Served	Population	Date	Complete Date	Funding	(Amount /Source)	

Security Personnel	Total PHDEP Funding: \$
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ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators

ployment of Investigators	Total PHDEP Funding: \$
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ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Tenant Patrol					Total PHDEP Funding: \$		
	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

Improvements					Total PHDEP Funding: \$		
	# of	Target	Start	Expected	PHDEP	Other Funding	Performance Indicators

	Persons Served	Population	Date	Complete Date	Funding	(Amount /Source)	

9160 - Drug Prevention	Total PHDEP Funding: \$
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ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

ug Intervention	Total PHDEP Funding: \$
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ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

ug Treatment					Total PHDEP Funding: \$		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance In
1.							
2.							
3.							

her Program Costs					Total PHDEP Funds: \$		
ivities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators





**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Dawn Mortenson**

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires):

1 Year. Beginning date - January 2001- December 2001

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

B. Date of next term expiration of a governing board member:

August, 2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Vicki Syverson**  
**Executive Director**  
**Swift County HRA**



**Required Attachment \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

A letter of inquiry was sent out to all Section 8 Rental Assistance participants. Only one individual expressed interest in serving on an advisory board. I asked if she would be interested in serving as a HRA Commissioner and sitting on the HRA Board - she was. On March 9 a meeting was held for all Section 8 participants to comment on the Annual Plan. Two people came, Helen Gunderson and Carole Keyes. Both seemed quite satisfied with our Section 8 program.